## UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

6lled a. t. b. Cl. 17 000
filled out by Clerk's Office
COMPLAINT
(Prisoner)
you want a jury trial? □ Yes □ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

16CV3835

#### **NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I.

I.	LEGAL BAS	SIS FOR CLAIM				
often l "Biven	prought under 4 or action (again:	the constitutionality 2 U.S.C. § 1983 (agai st federal defendant:	of their cor inst state, c s).	ditions of a	orm is designed primarily for confinement; those claims a nunicipal defendants) or in a	
Vio	olation of my fe	deral constitutional	l rights			
	ner:					
II.	PLAINTIFF	INFORMATION				
Each pl			formation.	Attach addi	tional pages if necessary.	
Reb	ert	Ø		Lurch		
First Na	ime	Middle Initial		ast Name		
State ar	ny other names re used in previo	(or different forms o busly filing a lawsuit.	of your nam	e) you have	ever used, including any na	ame
	505637				N	
Prisoner and the	r ID # (if you hav ID number (suc	re previously been in h as your DIN or NYS	another ag	ency's cust	ody, please specify each ag	ency
				thich you w	rere held)	
Current	Place of Detent	tention cente	٢			
Carrent	r race of Deterit	ion				
	white 54	r.				
instituțio	onal Address					
New	YOTH		NY		10013	
County,	City		State		Zip Code	
III. P	RISONER ST	TATUS			•	
Indicate l	elow whether	you are a prisoner o	r other conf	ined persor	n*	
	ial detainee			ca persor	14.	
☐ Civill	y committed d	etainee				
	gration detaine					
	icted and sente					
☐ Other		•			5	

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:		Lemon			
	First Name	Last Name	Shield #		
	DEPUTY V	Larden			
	Current Job Title (d	or other identifying information)	5		
	Current Work Add	ress			
	County, City	State	Zip Code		
Defendant 2:		w: < Kham			
	First Name	Last Name	Shield #		
	capta:n				
	Current Job Title (o	r other identifying information)			
	Current Work Addr	ess			
	County, City	State	Zip Code		
Defendant 3:					
	First Name	Last Name	Shield #		
e e	Current Job Title (o	r other identifying information)			
	Current Work Addre	ess			
	County, City	State	Zip Code		
Defendant 4:	{ <del></del>				
	First Name	Last Name	Shield #		
	Current Job Title (or other identifying information)				
	Current Work Addre	25S			
	County, City	State	Zip Code		

V. STATEMENT OF CLAIM
Place(s) of occurrence:GMDC Dorm 16 A 3:4c/B 3:4c
Date(s) of occurrence: Nov. 7 2015 - Feb. 9 2016 / 320. 29 2016
FACTS:
State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.
-see attached-

P3.1056

-see attached -

Date: When I was In GMOK between the dates of NOV. 7 2015 5/17/2016 to Feb. 9 2016 I was housed In Dorm 16A and subjected to below minimum Standard Living conditions. The dorm Stayed at full capacity which was so Innates. The Dorn had beds For 50 but not 1:0:ng space for so Innetes. It was such a clustered environment It Inhibited my preparation for trial. To a point where I just wanted to cop out (take a Plea bargain) to get off the Island. It looked like a zoo at Full capacity (overcrowed conditions constitute crue) and ununusual Punishment) (see Battle v. anderson 564 F. ad 388 (lath cir. 1977). we as pretrial detainees were also subsected to being housed with convicted Inmates that were sentenced or convicted to state time. If an innate were convicted or sentenced to City time they will go to the 6 Building on the Island Hovever IF they were Incarcerated For a more serious offense and had to be sent upstate there was no assigned housing For those Innates. Innates will go to trial and blow Close trial). Which after the fact they will be housed with Pretnal deternces, IF In only facing 3 to 5 years with me bring a First time Felon For my charge / I Shouldn't be housed with an Innate that went to trial and recieved los years of 75 years, which was the situation pretrial detainers was Paced with living In c-73, somebody with that much time doesn't care about taking some body's life or seriously disfiguring a person which is cruel and ununusual Punishnent to the people that's not convicted to be housed with those

Pg.3 of 6 The heat was turned on because It was extremely cold outside. However the dorm temperature's was Lop sided either extremely cold or extremely hot no In between and no vent; lation (The lack of adequate ventilation and air Flow undermines the health of In mates and the Sanitation of the penitentiary) (see Ramos, 5 upra, 639 F. 2d at 569), Futhermore there was no fire safety In the housing area, I found this out on the 29th day of Jan 2016. I was laying In my bed and a black oily substance started dispersing on an Inmate's bed I bed away From me named Rafael Solano. The Substance was coming From the Sprinkler 575+cm that was suppose to emit water In case of a Fire. The oily Substance was dispersing so heavily It started dispersing oil onto all 4 beds In Its Proximate area which Included nine, when the oil hit my face I sumped up and got out the way, It stopped dispersing the oily substance after two ninutes. Officet Smiley called the captain and we waited for the captein to Inform US what was going on . after la minutes captain wichham entered the dorn with 2 or 3 naintainance workers. The workers Informed us that the Subtance IS 305+ water we should be Fire . He Stated "I was working on the other side this the only one that went off; referring to the natturctioning sprinnics head. I then stated "really we gost got sprayed with oil because water is not black and silky and all you have to say 75 this 75 the only one that went

P9.5 of 6 Officer what was he doing working the Floor there's usually clay one officer on the Floor. He stated "Im Fire safety for today". I told the offices I know you From the other housing area's your not fire safety your a regular housing officer, I then asked the officer was he even trained for Fire safety he told me no. so I told him their not soing to move us to a different dorm even though were at rish of dying from a fire In this dorm because there's no security neasures Preventing the spread of Fire's yet they move you op here as our Protection even though you can't stop the spread of Fire's and your not even trained In Fire Safety. I Stated " what this IS For the log back to make It look like you all are doing your gobs." the replied " Loon in 3ust doing what they want ne to de I understand your concerns; Then He tried to reassure ne saying "They must be taking It serieus IF they are assigning an officer here to work as Fire safety when I can be at another post; I told him "they must not be taking It that serious IF we didn't move yet because IF there Is a fire you can't help us you will almy die with us" He said I know and shook his head we stayed In that dorn until Feb. 5 2016 ( Pretrial detaince's established claim based on Prison's In adequate response to Fire 1.54, excessive rish of harm Frem carthquauc, defective Plumbing, defective schage system, excessive noise, and defective Lighting) (see somes v. city and county of San Francisco, 976 F. Supp. 896 (N.D. cal. 1997).

INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.
Because of the substandard Fire safety prevention
devices Installed In the housing area I was
exposed to an e: 14 Substance that sprayed In
my eyes as a result of the Device Malfunctioning.
I went to medical to get my eyes washed from
any remnants of the expesure.
VI. RELIEF
State briefly what money damages or other relief you want the court to order.
any Inmate that's In Myc Doc custody has a right
to be housed in housing areas that meet minimum
Living standards as required by the united states
constitution. Every housing area In the near future should
be Inspected to set If It meets those requirements
Prior to housing Innates there. Im also suing For
1 million dellers (\$1,000,000) =n punitive damages.

#### VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

5/18/2016		Stated	
Dated		Plaintiff's Sig	gnature
Robert	a	Lurch	
First Name	Middle Initial	Last Name	
125 white	Street		
Prison Address			
New YORK		NY	leel3
County, City		State	Zip Code
Date on which I am	delivering this complaint t	o prison authorities	for mailing: 5/18/2c15

#### Case 1:16 ev 03835 CM Document 2 Filed 05/23/16 Page 12 of 16



### CITY OF NEW YORK - DEPARTMENT OF CORRECTION

#### **INMATE GRIEVANCE AND REQUEST PROGRAM**

DISPOSITION FORM

Eff.: 09/10/12 Ref.: Dir. #3376

Form: #7102R



Grievance/Request Reference #: Date Filed: Facility: Lurch, Robert 349-15-05237 3/11/16 GRVC-15A Title of Grievance or Request: Category: NG **Timeless** From IGRP Inmate Statement Form, print or type short description of request/grievance: I was staying in dorm 16 in GMDC. There was conditions inmates was subjected to that was unconstitutional. There was molded shower/sinks, no ventilation, unadequate, plumbing, over crowding, people convicted already living with pre-trial detainess, and we was in a dorm without firesafety. It was so out of order the sprinkler system that didn't work which was suppose to protect inmates for fire department dispense substance on inmates because they weren't properly installed. There was no fire at the time and they were dispersing uncontrollably not when they was supposed to. Action Requested by Inmate: I don't to be subject to these conditions again. Every housing unit should be livable not some STEP 1: INFORMAL RESOLUTION Check one box: Grievance Request Submission not subject to the IGRP process. The Inmate Grievance and Request Program proposes to informally resolve your grievance or request as follows below. Alternatively, IGRP staff shall provide an explanation for why the submission is not subject to the IGRP process. IGRC informed the grievant that timeless are submissions not subject to the IGRP process Are you satisfied with the proposed resolution? ☐ Yes, I accept the resolution. ☐ No I request a formal hearing of the Inmate Grievance Resolution Committee within 5 business days from notification of the proposed resolution. I understand that if my submission involves a request to exercise religious beliefs or practices not currently available, then the Committee on Religious Accommodations will review my request Inmate's Signature: Date: Grievance Supervisor's Signature: Date:



## CITY OF NEW YORK - DEPARTMENT OF CORRECTION

#### **INMATE GRIEVANCE AND REQUEST PROGRAM**

**DISPOSITION FORM** 

Attachment - C

Form: # 7102R Eff.: 09/10/12 Ref.: Dir. #3376



If this is a submission not subject to IGRP prinext steps for the inmate.  Staff-on-inmate non-sexual assault (use of Staff-on-inmate sexual assault/abuse alleged Staff-on-inmate non-sexual harassment Inmate-on-inmate non-sexual assault/abuse alleged Inmate-on-inmate sexual assault/abuse alleged Inmate-on-inmate non-sexual harassment Inmate-on-inmate non-sexual assault/abuse alleged Inmate-on-inmate non-sexual harassment Inmate-on-inmate non-se	of force) allegation gation gation gation llegation allegation nt, enhanced	☐ Med care ☐ Mer qua ☐ Red ☐ Red	dical staff, e.g., complaints e, request for second medical health staff, e.g., complity of care, request for securest for protective custody puest for accommodation durate disciplinary process and edom of Infomation law request	regarding quality of cal opinion laints regarding ond medical opinion (fear for safety) ue to disability dispositions
Next steps: Forwarded to Deputy Warden	N	e -	Date of Deadline for Statu Update from Relevant Ent	
Inmate's Signature:	Date:	Grievance Sup	ervisor's Signature:	Date: 3/11/4
Date returned to inmate:	IGR	C Members Sign	atures:	
Please decide within five business days of re  Yes, I agree with the IGRC hearing disp  No, I disagree with the IGRC hearing di	position.			
Inmate's Signature:	Date:	Grievance Sup	ervisor's Signature:	Date:
STEP 3: Grievance Supervisor must check only one b Grievance forwarded to the Commandin Grievance not forwarded to the Comman	g Officer for action	upon IGRC reco		10
Grievance Supervisor's Signature:				Date:

# NMATEGREVASICE COND Filed 05/23/16 Page 14 of 16 REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	* 1 0= "		
			•		
Robert Lurch	3491505637	Date of Incident:	Date Submitted:		
Facility:	Housing Area:		2/11/2 1/		
GRV(	15 A	1/29/2016	3/11/2016		
People convicted all in a dara without Eysten that didner Fire disperse an Instanced. There is	emp and issue it a grievance/requestion two business days of receiving thin two business days of receiving the two days of receiving the two days of receiving the two days and the property of the two days are the two days are the two for the two	unconstitutional.  Unconstitutio	There was: added  nover combing, and we was  soler the springer  they weren't property  vere sispersing		
Front want to b	e subsect to these	Conditions age			
	Please read below and check	the correct box:			
Do you agree to have your statement edited for clarification by IGRP staff? Yes No  Do you need the IGRP staff to write the grievance or request for you? Yes No  Have you filed this grievance or request with a court or other agency? Yes No  Did you require the assistance of an interpreter?  Date of Signature: 404-144 Luon					
IGRP RETAINS IGRP MUST PROVI	For DOC Office U THE DOUBLE-SIDED ORIGINA DE A COPY OF THIS FORM TO		VE RECORDS. ORD OF RECEIPT.		
Time Stamp Below:	Grievance and Request Refe	erence #: Category	y: incless		
311114	34				
Inmate Grievance and Request Program Staff's Signature:					
1					

Address change

My New address IS Manhattan Detention Center/
125 white street/New yern in 10013, My name Robert Lurch
and my book and case number is 3491505637. any
mail pertaining to this civil suit or any other civil suit
I have. Please Forward It to this address.

Than 1 you,

Robert Lurch

# 16CV3835

P.S. My old address was aq-og Hazen street/East

I have made copies of every document sent for my records,

SDWY PECHINED SE DEFIC

Robert Deren Lurch 51.

B/c # : 349 1505637

125 white street

New YOSH INY

10013

SSS PS



Dro SE Intake Unit
Soo Pearl Street

New York 19007

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